2020 Indiana Health Care Foundation
Health Facility Administrator/Residential Care Administrator Scholarship
with sponsorship support from Success Development, inc.

Multiple $3,995 HFA/RCA Scholarships Available

Indiana Health Care Foundation (IHCF) and Success Development, inc. applaud individuals who are dedicated to advancing their career through continued education. IHCF is accepting scholarship applications from individuals pursuing educational training for Health Facility Administrator/Residential Care Administrator licensure course offered by Success Development, inc. September 22 – October 30, 2020 (four days per week, Tuesday thru Friday) in Indianapolis, IN. (Should state or local orders require, this class will be moved to a live virtual format). Applicants must agree to attend the entire course in order to be considered for the scholarship funds. Failure to complete the course will require the recipient to reimburse the IHCF for the scholarship funds.

To be considered for an IHCF and Success Development, inc. Health Facility Administrator/Residential Care Administrator Scholarship, the applicant must:

▪ Reside in the State of Indiana
▪ Possess a High School Diploma or its Equivalent and a minimum of 18 years of age
▪ Agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success Development, inc. in Indianapolis, Indiana on September 22 – October 30, 2020. (Sept. 22 – Oct. 16 for RCAs)
▪ Acknowledge that the course would be a time commitment equivalent to a full-time job – for the period of 4 or 6 weeks plus study time – and made appropriate arrangements, including approval by your facility administrator or direct supervisor.
▪ Have an employment history that reflects management or leadership skills
▪ Have a passion to work with the elderly or disabled populations
▪ Return completed application with transcripts from the highest level of degree completed, three letters of recommendation, and an essay to IHCF by the June 5, 2020 deadline
▪ Agree to personal interview in Indianapolis if and when requested by IHCF

Individuals related to a member of the IHCF Board of Directors or Success Development, inc. are ineligible.

IMPORTANT NOTICE:
IHCF requires the following information to be submitted online by June 5, 2020. Failure to provide all requested information will result in disqualification.

✓ Completed Application Form
✓ Three Professional Letters of Recommendation - one of which must be from a current Employer
✓ Essay (as noted on the application form)
✓ A clear photocopy of high school or college transcript (whichever is higher level completed)

Application forms are available on the IHCF’s website at:
https://www.ihca.org/about-us/ihcf/ihcf-scholarships/

Completed applications and supplemental information should be submitted online by June 5 at:
https://ihcaincal.users.membersuite.com/home and click “Engagement Hub”

Questions? Contact Emily Berger, IHCF Executive Director at foundation@ihca.org or 317-616-9036.
Individual education scholarships will be awarded based upon the information provided by the applicant. Applicants must possess a minimum high school diploma or its equivalent and agree to attend the Health Facility Administrator/Residential Care Administrator Course provided by Success Development, inc. in Indianapolis, Indiana on September 22–October 30, 2020. (Sept. 22–Oct. 16 for RCAs only).

Completed applications and supplemental information should be submitted online by June 5 at: https://ihcaincal.users.membersuite.com/home and click “Engagement Hub”

Questions? Contact Emily Berger, IHCF Executive Director, at foundation@ihca.org or 317-616-9036.

Applicant Information (Please type or print in ink)

Name: ____________________________ ____________________________ ____________________________  
(Last) (First) (Initial)

Permanent address: ____________________________ ____________________________ ____________________________  
City: ______________ State: ______ Zip Code: ____________________________

By checking the following, I verify that I am at least 18 years old. [ ]

Daytime Phone: _____/___________ Evening Phone: _____/___________ Email: _____________

Academic Information

What is your highest level of degree completed? ____________________________ ____________________________ ____________________________ ____________________________

High School Attended: ____________________________ ____________________________ ____________________________ ____________________________

City, State: ____________________________ ____________________________ ____________________________ ____________________________

College Attended: ____________________________ ____________________________ ____________________________ ____________________________

City, State: ____________________________ ____________________________ ____________________________ ____________________________

Dates Attended: (mm/yy) _____________ 2/yr Degree Earned: (y/n) ___ 4/yr Degree Earned: (y/n) ___

Special Training/Awards/Volunteer Work (additional pages accepted)

List any special training and volunteer experience in your community.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Complete Employment History (additional pages accepted)

Current Employer: _____________________________________________________________

Employer Address: ______________________________________________________________________________

City: __________________________ State: ______ Zip Code: ______________________________

Phone: ______ / __________________ Fax: ______ / ________________

Present Position: ___________________________ Date Started: ______ / ____ / ____

Immediate Supervisor: ____________________________________________________________

Will your employer allow you time off to attend the HFA/RCA course on Sept. 22 – October 30, 2020 (Sept. 22 – Oct. 16 for RCAs)?
Yes ______ No ______

Do you understand that the course would be a time commitment equivalent to a full-time job – for the period of 4 or 6 weeks plus study time – and you would need to make schedule arrangements that would promote a rewarding learning experience? Yes _____ No _____ ---- If yes, Please explain your plan to take the course while being employed.

__________________________________________________________________________________________

Does your employer offer tuition assistance or tuition reimbursement? Yes _____ No ______

Previous Employer: _________________________________________________________________

Employer Address: ______________________________________________________________________________

City: __________________________ State: ______ Zip Code: ______________________________

Phone: ______ / __________________ Fax: ______ / ________________

Position or Job Held: ______________________________________________________________

Immediate Supervisor: _____________________________________________________________

Previous Employer: _________________________________________________________________

Employer Address: ______________________________________________________________________________

City: __________________________ State: ______ Zip Code: ______________________________

Phone: ______ / __________________ Fax: ______ / ________________

Position or Job Held: ______________________________________________________________

Immediate Supervisor: _____________________________________________________________
**Essay Questions**

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 1000 words.

- Describe your work and leadership experience, include volunteer experience in your community
- Describe your interest in working with the elderly and chronically ill and long-term care
- Describe your expectations and vision as an Administrator in a residential or long-term care facility

Finalists may be asked to come to Indianapolis in May to take part in a 30-minute interview at the discretion of the IHCF Scholarship Committee.

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**Professional References:** (please list the three references whose letters of recommendation are attached)

Reference 1 – Current Employment:

NAME: __________________________________________________________

TITLE: __________________________________________________________

RELATIONSHIP TO CANDIDATE: __________________________________

Reference 2:

NAME: __________________________________________________________

TITLE: __________________________________________________________

RELATIONSHIP TO CANDIDATE: __________________________________

Reference 3:

NAME: __________________________________________________________

TITLE: __________________________________________________________

RELATIONSHIP TO CANDIDATE: __________________________________

Please ask references to submit to you a letter of reference to be attached to your application. The letter should be on the individual’s company letterhead if appropriate and should describe why you would be a worthy recipient of a Success Development, Inc. and IHCF scholarship, addressing such areas as level of maturity, sensitivity to people’s needs, a known commitment to the elderly or to long-term care, that reflects good leadership and advocacy skills. **This reference page, along with the letters of recommendation, should be submitted online with your completed application.** Letters of recommendation sent without applications will not be considered.

Completed applications and supplemental information should be submitted online by June 5 at: [https://ihcaincal.users.membersuite.com/home](https://ihcaincal.users.membersuite.com/home) and click “Engagement Hub”